

**The CCOMMISSION ON AFFORDABLE HEALTH CARE**  
**COPIC, Mile High Room**  
**12:30 – 3:00 P.M.**  
**August 28, 2015**

**Meeting Minutes**

**Commissioners present:** Bill Lindsay (chair), Cindy Sovine-Miller (vice chair), Elisabeth Arenales, John Bartholomew, Jeff Cain, Rebecca Cordes, Ira Gorman, Chris Tholen, Jay Want, Larry Wolk, Dee Martinez

**Commissioners absent:** Steve ErkenBrack, Marguerite Salazar, Linda Gorman, Dorothy Perry, Marcy Morrison, Greg D'Argonne

**Staff present:** Lorez Meinhold, Johanna Gibbs and Kim Haller (Keystone Policy Center)

**Follow-up/Action Items:**

- Keystone will send a doodle poll to determine if there will be one longer meeting vs. two separate meetings in November and December.
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**Meeting Minutes:**

**I. Review of the Agenda**

Chair Bill Lindsay opened the meeting with a general welcome and review of the agenda.

**II. Approval of the Minutes**

- A. Motion for approval from Cindy Sovine-Miller, seconded by Dee Martinez.
- B. Minutes from the June Commission meeting were approved unanimously with no opposition or changes to the minutes.

**III. Planning Committee Memo**

**A. Update – Bill Lindsay**

1. The process has been revised due to the time schedule and topics identified by the research committee are on the agenda. We will continue to move forward but also focus on specific items in legislation to ensure movement on the requirements that the general assembly assigned to us. Have to be artful about tying specific areas into broader research areas—fulfilling charge by assembly.
2. Sent out a questionnaire and will integrate those comments into specific work. Different tributaries are coming together with information and the Commission has to be mindful of that.
3. Need to move forward with topics and discussions which will lead to recommendations that are measurable and actionable in Colorado.
4. An active, dynamic parking lot will be established to host items which are important but are detailed discussions that can be revisited at a later time.
5. Operating Principles: September is the 1 year anniversary of the Commission. Consensus is the goal for the conversations—need to think about scale. For example: enthusiastically agree, best choice, live with the decision, do not fully agree, feel no clear

sense of unity, do not agree and feel the need to block it. Hold Bill Lindsay accountable on that process as it's his desire.

#### **IV. Transparency Discussion and Recommendations (Bill Lindsay /Commissioners)**

##### **A. Commission Member Presentations:**

1. The Commissioners individually presented their thoughts on transparency to one another. Common themes included: there is limited information on transparency in terms of affordability; it is good from a consumer standpoint but difficult to find current data, literature, and other information; consumer, payer, and provider transparency are very different; transparency will play a bigger role over time; it may not have an ROI but it needs to be pushed forward; transparency should be an operating value we should continue to use moving forward; a lack of transparency distorts Medicaid—cost and quality is important in order to inform how tax dollars are spent; there is a need for meaningful actionable transparency.

##### **B. Transparency Information Sharing and Structure:**

1. APCD is making more data available more quickly and doing a nice job but accelerating the process is more different than it seems.
2. The idea of active transparency, meaning actively communicating information which leads to actual promotion, was well received by the group.
  - a. Currently the only known example of active transparency is for complex disease patients—they have easily accessible information based on their diagnosis.
  - b. The notion of price and quality have a direct correlation—the group suggested that this type of information needs to be actionable.
  - c. Prioritize learnings and report out on them--could use HMFA report as a resource.
    - i. HFMA transparency report – historical experience, how do we move to an operational / policy level. Reference pricing saving dollars and some places where there is not impact. Difference between consumer and stakeholder information. Hard to find data out there to make determinations.

##### **C. Discussion:**

1. The group agreed that when talking about transparency, the following three levels need to be considered:
  - a. Payer
  - b. Provider
  - c. Consumer
2. Informed decisions are typically based on cost and quality. That being said, a large chunk of healthcare is unanticipated and we need to differentiate between the severely ill and basic check-ups.
3. The current transparency focus is on hospitals and facilities but the focus needs to be on all provider transparency.
  - a. Variation is important to understand when talking about payers and provider transparency.
  - b. Public disclosure makes a big difference and is important for success.
4. The group discussed the need for more visibility/public release with a focus primarily around facilities and providers/price, using resources including but not limited to APCD, should be created.

- a. There is no one size fits all approach to transparency in the health care system. Can use the APCD data and build on it over time.
- b. Education component: it's important to highlight and education populations on the data that is out there through public outlets (ie: websites).
- 5. Need to look at other states and identify where we stand on a national scale—point out that Colorado is in better shape than other states.
- 6. Review the current Medicaid model: it's a system that helps people and payers make choices through value based purchasing. (They are currently working on consumer transparency, as well).

**D. Potential Recommendations and Parking Lot:**

- 1. Potential Recommendations
  - a. Create more visibility (public release) of data with a focus primarily around facilities' and providers' prices using resources including but not limited to APCD
  - b. Transparency should include quality, price, and a choice of options – a system that helps people and payers make choices based on clinical outcomes as well as price
  - c. Need be more active in transparency – a promotion of resources available
- 2. Parking Lot
  - a. Get on the ground sentiment related to this topic – warrants more attention, pull together an advisory group on topic of
  - b. Additional resources to APCD

**E. Public Comment:**

- 1. *Deb Judy, Colorado Consumer Health Initiative:* From the consumer perspective, transparency needs to be actionable, provide quality, etc...The Consumer Union Report regarding cost and value had focus groups in Colorado. It's easy to use, localized in terms of cost and quality, and from a trust source—encourage the Commission to review. West Health publication on a variety of feedback looked at three interventions with information to employers and physicians. They are not just looking at consumers but other, as well. Finally, it's challenging for consumers to use the APCD data currently. In the past, they conducted an APCD consumer focus group—could use feedback from this to provide a more user friendly experience and think about what worked and what didn't for them. Deb offered an article on price transparency analysis: <http://www.westhealth.org/wp-content/uploads/2015/05/Price-Transparency-Policy-Analysis-FINAL-5-2-14.pdf>
- 2. *Chet Seward:* Actionable and accessible alignment—part of the conversation in terms of quality? From a provider perspective vs. consumer perspective. Align and you'll have better interest. Hope to bring more information to the board meeting in October.
- 3. *George Swan, retired hospital administrator:* Universal single payer health care—need to look at different countries and bi-partisan recommendations. Data: global cancer registry reported data from 2005 in 2012—what is practical today? Recommendation suggest to consider, Dr. Wok COHPD create a pivot table repository accessible to Public Health and APCD and beyond. Practical, cheap, and accessible. You could also go to thee UCS School of Public Health and have a student put this information together.

**V. Memo on Spending by Age (CHI/Commissioners)**

- A. Spending by Age
  - 1. Much will change with the Affordable Care Act.
  - 2. Costs and spending will shift as the population age shifts.

3. It's a fairly straight forward interpretation—nuances of baby boomers, projections vs. historical data may help to predict long term care.

## **VI. November Report Outline (Keystone/Commissioners)**

- A. Commission deciding what's going to be included in the November report rather than putting forth findings. New development, based on current funding—November report vs. the final report won't be very long.
  1. Identify topic areas of focus and research—have a timeline for these areas.
  2. Key would be areas that the Commission comes to consensus on.
    - a. Value in writing about what's been explored in terms of transparency.
  3. Financial availability dictates how far the Commission can get. Time also plays a factor in what is reported out on.
    - a. Want to be able to use stakeholder input.
  4. Should focus on multiple areas vs. one or two for each report.
  5. Attach information about other states, not just focusing on 208.

## **VII. Priorities for the Commission (Bill Lindsay/Commissioners)**

- A. Follow up on previous month's conversation
  1. Workforce topic: getting reading materials in advance to be up to speed on workforce. The plan is to process it as it has been today.
    - a. Have a presentation from Ira.
    - b. Review parking lot issues.
  2. Follow up and repeat for other topic areas.
- B. Upcoming meeting: conflicts with the Thanksgiving and Christmas holidays. Lorez will send a doodle poll to determine if there will be one longer meeting vs. two separate meetings.
- C. Funding timeline for the November report should remain at a very high level.
- D. Revise people's expectations—will have something to review in September.
- E. Legislative Outreach:
  1. Commission members met with legislatures to put them up to speed with where the Commission is and to inform them that they will continue regardless of the funding situation. May need to tap into resources with the Commission.
  2. Several Commission members are working with the community to get an indication of support with general assembly so they understand that it's not just the Commission looking for continued support.
    - a. Important to demonstrate community support—making the same request to stakeholders.

## **VIII. Public Comment:**

- A. No public comment.

**Meeting adjourned.**